

Section-by-Section Guide to Completing the Application for Federal Assistance (SF 424) EPA Region 10

<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> APPLICATION FOR FEDERAL ASSISTANCE </div> <div style="display: flex; border: 1px solid black; padding: 5px;"> <div style="flex: 1; padding-right: 10px;"> 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction </div> <div style="flex: 1; padding-left: 10px;"> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction </div> </div>	<p>Unless you have been instructed otherwise, you are filling out an application, not a pre-application.</p> <p>Choose “Non-construction,” unless you know the grant you are applying for is a Construction grant, or you have been instructed otherwise.</p>						
<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <tr> <td style="width: 30%; padding: 5px;"> 2. DATE SUBMITTED <div style="text-align: center;">REQUIRED</div> </td> <td style="width: 70%; padding: 5px;"> Applicant Identifier <div style="text-align: center;">OPTIONAL USE</div> </td> </tr> <tr> <td style="padding: 5px;"> 3. DATE RECEIVED BY STATE <div style="text-align: center;">NOT USED</div> </td> <td style="padding: 5px;"> State Application Identifier <div style="text-align: center;">NOT USED</div> </td> </tr> <tr> <td style="padding: 5px;"> 4. DATE RECEIVED BY FEDERAL AGENCY <div style="text-align: center;">FOR USE BY EPA</div> </td> <td style="padding: 5px;"> Federal Identifier <div style="text-align: center;">FOR USE BY EPA</div> </td> </tr> </table>	2. DATE SUBMITTED <div style="text-align: center;">REQUIRED</div>	Applicant Identifier <div style="text-align: center;">OPTIONAL USE</div>	3. DATE RECEIVED BY STATE <div style="text-align: center;">NOT USED</div>	State Application Identifier <div style="text-align: center;">NOT USED</div>	4. DATE RECEIVED BY FEDERAL AGENCY <div style="text-align: center;">FOR USE BY EPA</div>	Federal Identifier <div style="text-align: center;">FOR USE BY EPA</div>	<p>Fill out this section as shown.</p>
2. DATE SUBMITTED <div style="text-align: center;">REQUIRED</div>	Applicant Identifier <div style="text-align: center;">OPTIONAL USE</div>						
3. DATE RECEIVED BY STATE <div style="text-align: center;">NOT USED</div>	State Application Identifier <div style="text-align: center;">NOT USED</div>						
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5. APPLICANT INFORMATION			<p>All required portions of this section must be filled out accurately and completely.</p> <p>If you do not have an Organizational DUNS number, see this information.</p> <p>The Employer Identification Number (EIN) must also be provided.</p>
Legal Name: REQUIRED		Organizational Unit: Department: OPTIONAL FOR APPLICANT USE	
Organizational DUNS: REQUIRED		Division: OPTIONAL FOR APPLICANT USE	
Address: Street: REQUIRED -- PO BOX IS ACCEPTABLE		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: REQUIRED		Prefix: First Name: REQUIRED	
County: REQUIRED		Middle Name	
State: REQUIRED	Zip Code REQUIRED	Last Name REQUIRED	
Country:		Suffix:	
Email: REQUIRED - IF AVAILABLE		Phone Number (give area code) REQUIRED	
Fax Number (give area code) REQUIRED - IF AVAILABLE			

<p>7. TYPE OF APPLICANT: (See back of form for Application Types)</p> <p>REQUIRED</p> <p>Other (specify)</p>	<p>Select the appropriate letter in the space provided.</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <p>A. State</p> <p>B. County</p> <p>C. Municipal</p> <p>D. Township</p> <p>E. Interstate</p> <p>F. Intermunicipal</p> <p>G. Special District</p> <p>H. Independent School District</p> </td> <td style="width: 50%;"> <p>I. State Controlled Institution of Higher Learning</p> <p>J. Private University</p> <p>K. Indian Tribe</p> <p>L. Individual</p> <p>M. Profit Organization</p> <p>N. Other (Specify)</p> <p>O. Not for Profit Organization</p> </td> </tr> </table>	<p>A. State</p> <p>B. County</p> <p>C. Municipal</p> <p>D. Township</p> <p>E. Interstate</p> <p>F. Intermunicipal</p> <p>G. Special District</p> <p>H. Independent School District</p>	<p>I. State Controlled Institution of Higher Learning</p> <p>J. Private University</p> <p>K. Indian Tribe</p> <p>L. Individual</p> <p>M. Profit Organization</p> <p>N. Other (Specify)</p> <p>O. Not for Profit Organization</p>
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<p>8. TYPE OF APPLICATION:</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> <p style="font-size: small;">If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <p>Other (specify) _____</p>	<p>If this is a new grant application, select NEW.</p> <p>If this is an amendment to an existing grant, select REVISION. Use “A” if your amendment is for more funding. Use “A” and “C” if your amendment is for more funding and an extension to the term of the grant (duration).</p> <p>At this time, EPA Region 10 does not require an SF 424 for decreases to funding or duration, or increases to duration when no extra funding is being requested.</p> <p>Do not select CONTINUATION unless instructed to do so.</p>
<p>9. NAME OF FEDERAL AGENCY:</p> <div style="border-bottom: 1px solid black; width: 300px; margin-top: 5px;"></div> <p style="text-align: right; margin-right: 20px;">EPA</p>	<p>Also please include the name of your EPA Project Officer, if you know it.</p>
<p>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">TITLE (Name of Program):</div> <div style="width: 35%; text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">-</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px;"></div> </div> </div> <div style="border-bottom: 1px solid black; width: 90%; margin-top: 5px;"></div> </div>	<p>This information is required. Please be sure to use the correct Catalog of Federal Domestic Assistance (CFDA) number. If you are not sure, ask your EPA Project Officer or look it up here. The prefix for all EPA programs is 66.</p>

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<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: OPTIONAL, BUT PLEASE PROVIDE IF KNOWN.</div>	<p>If your work plan has a title, please use that here.</p>		
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">12. AREAS AFFECTED BY PROJECT (<i>Cities, Counties, States, etc.</i>): REQUIRED</div>	<p>List the largest political entities affected by your project. Use names of cities, counties or tribal lands, if applicable. If state-wide, provide name of state.</p>		
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">13. PROPOSED PROJECT</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; padding: 5px;">Start Date: REQUIRED- USE MM/DD/YY</td><td style="width: 50%; padding: 5px;">Ending Date: REQUIRED - MM/DD/YY</td></tr></table>	Start Date: REQUIRED- USE MM/DD/YY	Ending Date: REQUIRED - MM/DD/YY	<p>Use the format shown for your proposed project dates. Please do not use incomplete or vague dates, such as "December, 2005" or "Spring 2006."</p> <p>For increased funding amendments, use the dates from the original grant agreement. If you are requesting an extension to the project period, use the desired Ending Date.</p>
Start Date: REQUIRED- USE MM/DD/YY	Ending Date: REQUIRED - MM/DD/YY		

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14. CONGRESSIONAL DISTRICTS OF:		Use the number for U. S. Congressional District which corresponds to each. The project may affect more than one district. Do not use state legislative districts.
a. Applicant REQUIRED	b. Project REQUIRED	

15. ESTIMATED FUNDING:		<p>This section must be completed accurately. These figures must agree with those on your Budget Information form (SF 424A).</p> <p>Federal = the amount you are requesting from EPA.</p> <p>Applicant = the amount you are contributing, if matching funds or cost sharing are required.</p> <p>State/Local/Other = the amount(s) other entities will contributing towards the costs of your project. If you are a state, local or other entity, your contribution goes under Applicant.</p> <p>Program Income = if your project is expected to generate income.</p>	
a. Federal	\$.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$.00

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<div style="border: 1px solid black; padding: 5px;"> <p>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON</p> <p style="padding-left: 40px;">DATE:</p> <p>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p> </div>	<p>The correct response for all EPA Region 10 applicants (Alaska, Idaho, Oregon and Washington) is shown in the example.</p>
<p>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</p> <p><input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No</p>	<p>This question MUST be answered. Failure to do so may result in your application package being returned to you for correction and re-submission.</p> <p>This question applies to the applicant organization, NOT to the individual signing the application. If the answer is "Yes," you must include documentation explaining the circumstances. Answering "Yes" will not necessarily result in your application being denied.</p>

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18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix	First Name REQUIRED	Middle Name
Last Name REQUIRED		Suffix
b. Title REQUIRED -- SIGN BELOW IN BLUE INK		c. Telephone Number (give area code) REQUIRED
d. Signature of Authorized Representative		e. Date Signed REQUIRED

The required information indicated must be provided. Prefix, Middle Name/Initial and Suffix may be included, if desired.

In order for the application to be considered valid, it **MUST** be signed by the Authorized Representative, or someone with the legally delegated authority to sign for that person. It also **MUST** be dated. If either of these requirements is not met, the application package will be returned.

It is preferred that the signature be in blue ink so the original document can be distinguished from copies. The original application form must be submitted with the other requested copies. **NO FAXED COPIES OF THE SIGNED AND DATED FORM WILL BE CONSIDERED VALID SUBMISSIONS.**